



04/05/2016

ATTN:
Nuclear Regulatory Commission
Region III, Materials Licensing Branch
2443 Warrenville Rd., Ste. #210
Lisle, IL 60532-4352

RE: Amendment to NRC License No. 21-04177-01, Lakeland Medical Center.

Please amend the following items:

Please remove Srinivasan Dhathreecharan, M.D. from our license as an Authorized User. Also, please remove item(s) 6 I., 7.I., and 8.I. from amendment license No. 96. for Gadolinium-153 permitted by 10 CFR 35.500. The sources have been removed from the property and properly disposed. Attached is the paperwork associated with the removal.

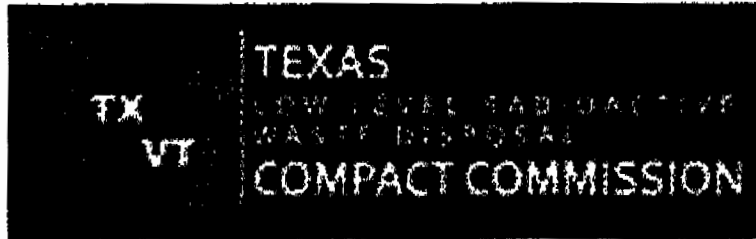
If there are any questions, please contact me at 269-985-4593, or by fax at 269-982-4937.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Sieffert". The signature is fluid and cursive, with a large loop at the end.

David E. Sieffert, M.S., DABR
Medical Physicist
Radiation Safety Officer
Lakeland Medical Center
1234 Napier Ave.
St. Joseph, MI 49085
E-mail: dsieffert@lakelandhealth.org

RECEIVED APR 08 2016



GENERATOR AUTHORIZATION

Date 7/30/15

Lakeland authorizes RAM Services, Inc. of Two Rivers, Wisconsin (State of Wisconsin, radioactive materials license 071-1234-01) and/or Veolia ES Alaron, LLC of Wampum, PA (State of Pennsylvania, radioactive materials license PA-0678) to be our Broker and/or Processor for disposal of our radioactive material and/or sealed sources into the State of Texas Compact Disposal Facility in Andrews, Texas, operated by Waste Control Specialists, LLC. By signing this Generator Authorization, the Generator is also verifying that there is no waste of international origin contained in this shipment.

NAME OF AUTHORIZED ORIGINAL GENERATOR

REPRESENTATIVE: Shellee Feyn CSMT/RT(N)

TITLE: Lead Nuclear Medicine Technologist

MAILING

ADDRESS: 1234 Napier Ave, St. Joseph MO 64508

SIGNATURE: Shellee Feyn CSMT/RT(N)

RPK 1028
 INVOICE 15105
 2015-08-28

FORM 540 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		ADCO SERVICES, INC.		5. SHIPPER - NAME AND FACILITY LAKELAND HEALTH FOR THE ADCO OF ALCO SERVICES 1234 N. W. 15th AVE ST. JOSEPH, WI 54088		SHIPPER ID NUMBER 4318C <input type="checkbox"/> COLLECTOR <input type="checkbox"/> PROCESSOR		7. FORM 540 AND 540A PAGE 1 OF 1 PAGE(S) FORM 541 AND 541A 1 PAGE(S) FORM 542 AND 542A 1 PAGE(S) ADDITIONAL INFORMATION None PAGE(S)		8. MANIFEST NUMBER Use the number on all continuation pages: 15-0040 R	
1. EMERGENCY TELEPHONE NUMBER 269-985-4593 <small>(Include Area Code)</small>		T-PLANT NUMBER T-10233-L15		B-PLANT NUMBER 15-0040 R		8. GENERATOR TYPE <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> M		9. CONSIGNEE - Name and Facility RAM SERVICES, INC. 510 COUNTY HIGHWAY V TWO RIVERS, WI 54241		CONTACT JERRY WIZA TELEPHONE DATE 8/30/15	
ORGANIZATION LAKELAND HEALTH		CONTACT XELLE FERRY, CMHT(RT(N))		8. CARRIER - Name and Address Adcom Express, Inc. 17630 Orion Circle Tinley Park, IL 60477		EPA ID NUMBER ILD 047267384		SIGNATURE - Authorized person accompanying waste receipt <i>[Signature]</i>		10. CERTIFICATION I hereby certify that the manifest was made in accordance with the applicable regulations of the Department of Transportation. I also certify that the materials are classified, packaged, marked, and labeled in accordance with the requirements of 49 CFR Parts 173 and 174, or otherwise approved by the Department of Transportation.	
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		CONTACT JAMES BELL SIGNATURE - Authorized person accompanying waste receipt <i>[Signature]</i>		SHIPPING DATE 8/30/15		ALPHABETIC SYMBOL CHEMICAL		DATE 8/30/15	
4. DOES EPA REGULATE THIS WASTE REQUIRING A MANIFEST ACCORDING TO THIS SHIPMENT? If Yes, provide Manifest Number (XXXX-XXXX)		EPA MANIFEST NUMBER		11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT INDEX		14. PHYSICAL AND CHEMICAL FORM	
				NON-D.O.T. REGULATED WASTE		NA		NA		SOLID SEALED SOURCES (G4-459)	
										TOTAL PACKAGE ACTIVITY MBq Bq	
										15. ISASCO CLASS	
										16. TOTAL WEIGHT OR VOLUME (Use appropriate units)	
										17. IDENTIFICATION NUMBER OF PACKAGE	
FOR CONSIGNEE USE ONLY				20. Check appropriate items: Customer represents and warrants that all data set forth in this Uniform Low-Level Radioactive Manifest is true and correct in all respects. Packages listed as "Limited Quantity of Radioactive Material" on this manifest conform to the conditions and limitations specified in 49 CFR 173.421 for radioactive material, excepted package-limited quantity of material UN 2910. Packages listed as "NON-REGULATED MATERIAL" on this manifest are classified in accordance with 49 CFR 173.403 (Definition of Radioactive Material). These Materials Must still be disposed of at a licensed facility.							

FORM 540 (15-03)

FORM 542		ADCO SERVICES, INC.		1. WASTE COLLECTOR/PROCESSOR							2. MANIFEST NUMBER						
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST				NAME			SHIPPER USE ONLY				15-000 R						
				LAKELAND HEALTH													
MANIFEST INDEX AND REGIONAL COMPACT TABULATION				IDENTIFICATION NUMBER			PAGE 1 OF 1 PAGE(S)										
				T-L093-L15													
List all original "PROCESSED WASTE" generators (# if any) before "COLLECTED WASTE" generators.				SHIPPER DATE			7/30/15										
C. TRANSPORT PERMIT NUMBER	D. GENERATOR NAME AND TELEPHONE NUMBER	E. GENERATOR FACILITY ADDRESS	F. WASTE DESCRIPTION (NOMENCLATURE)	G. PREPROCESSED WASTE (OR MATERIAL) VOLUME		H. MANIFEST NUMBER(S) UNDER WHICH WASTE (OR MATERIAL) RECEIVED AND DATE OF RECEIPT	I. WASTE CODE P = PROCESSED C = COLLECTED	J. ORIGINATING COMPACT REGION OR STATE	K. AS PROCESSED/COLLECTED TOTAL				L. MAXIMUM RADIATION LEVEL (mR/hr)				
				(G1)	(G2)				A. SOURCE MATERIAL (A1) (A2)	B. SNM (B1) (B2)	C. ACTIVITY (C1) (C2)	D. VOLUME (D1) (D2)		E. WEIGHT (E1) (E2)			
82140 38	LAKELAND HEALTH 269-982-3637	FOR THE ACCT OF ADCO SERVICES 1214 NAPIER AVENUE ST. JOSEPH, MO 64504	SEALED SOURCE/DEVICE			15-000 R Received: 07/06/15	C		0.0000E+00	0.0000E+00	0.0000E+00	1.1840E-04	1.1800E-06	0.0000	1.4300	30	0.0000E+00
TOTALS OF ALL PAGES (FORMS 542 AND 542A)									0.0000E+00	0.0000E+00	0.0000E+00	1.1840E-04	1.1800E-06	0.0000	1.4300	30.0000	N/A

FORM 542 (08-03)

FORM 541		ADCO SERVICES, INC.		1. MANIFEST TOTALS				2. MANIFEST NUMBER						
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST CONTAINER AND WASTE DESCRIPTION Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste				NUMBER OF PACKAGES/ DISPOSAL CONTAINERS	NET WASTE VOLUME	NET WASTE WEIGHT	SPECIAL NUCLEAR MATERIAL (grams)							
							U-233	U-235	Pu	Tru				
				1	0.0398 1.4000	13.6978 38.0000	NP	NP	NP	NP				
							ACTIVITY				SOURCE (g)			
				Mg	1.1840E-04	NP	NP	NP	NP	NP				
							ALL INCLUDES				TRITIUM	C-14	Ts-95	I-129
				mCi	3.2000E-08	NP	NP	NP	NP	NP				
							WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER				(Bq)	NA		
3. SPECIAL CONTAINER DESCRIPTION				4. CHEMICAL DESCRIPTION							5. RADIOLOGICAL DESCRIPTION		6. WASTE CLASSIFICATION A-Class A B-Class B C-Class C	
7. CONTAINER IDENTIFICATION NUMBER/ S.C. TRANSFER PERMIT NUMBER	8. CONTAINER DESCRIPTION (See Note 1 & Note 1A)	9. VOLUME (ml) (lit)	10. WASTE AND CONTAINER WEIGHT (kg) (lb)	11. SURFACE RADIATION LEVEL (mSv/hr) (mrem/hr)	12. SURFACE CONTAMINATION (Bq/100 cm ²) (dpm/100cm ²)	13. WASTE DESCRIPTOR (See Note 2 & Note 2A)	14. APPROXIMATE WASTE VOLUME(S) IN CONTAINER (ml) (qt)	15. SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3 & Note 3A)	16. CHEMICAL FORM CHELATING AGENT	17. WEIGHT % CHELATING AGENT (P & O %)	18. INDIVIDUAL RADIONUCLIDES AND ACTIVITY (Bq) AND CONTAINER TOTAL OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT			
				ALPHA		BETA-GAMMA				RADIONUCLIDES				
11-004-0162196	10 10 PLASTIC CASE	0.0398 1.4000	13.6978 38.0000	4.300E-04 4.000E-02	NP NP	NP NP	0.0398 1.4000	500 500	SEALED EDUCOR/SP	0	Gd-153 Gd-153 Subtotal Total	6.2900E-05 5.5500E-05 1.1840E-04 1.1840E-04	1.7000E-06 1.5000E-06 3.2000E-06 3.2000E-06	AU
Shipment Totals		0.0398 1.4000	13.6978 38.0000									1.1840E-04 3.2000E-06		

NOTE 1: Container Description Codes. For combination waste requiring disposal in approved structural overpacks the numerical code must be followed by "OP."

1. Wooden Box or Crate	8. Drum/Can
2. Metal Box	10. Gas Cylinder
3. Plastic Drum or Pail	11. Bulk Unpackaged Waste
4. Metal Drum or Pail	12. Unpackaged Components
5. Metal Tank or Liner	13. High Integrity Container
6. Concrete Tank or Liner	14. Other, Describe in Item 8
7. Fiberglass Tank or Liner	15. Other, Describe in Item 8 or additional page
8. Fiberglass Tank or Liner	

NOTE 3A: Barium Specific Container Descriptions Codes. (Choose one code as may be applicable.)

A. High Integrity Container - Poly
B. High Integrity Container - Poly with Steel Shell
C. High Integrity Drum Overpack - Poly
D. High Integrity Container - Stainless Steel
E. High Integrity Container - Fiberglass
F. Liner - Steel

NOTE 2: Waste Descriptor Codes. (Choose up to three which predominate by volume.)

25. Charcoal	29. Deionized Resin	38. Evaporator Residues/Solvents
21. Incinerator Ash	30. Color Impregnated Media	39. Corrosives
22. Soil	31. Air-to-air Exchange Media	40. Compressible Trash
23. Gas	32. Mixed Bed Ion-Exchange Media	41. Animal Carcass
24. Oil	33. Contaminated Equipment	42. Biological Material (except animal carcasses)
25. Aqueous Liquid	34. Organic Liquid (except oil)	43. Aerosols (inertial)
26. Filter Media	35. Glassware or Labware	44. Other, Describe in Item 31 or additional page
27. Miscellaneous Filter	36. Sealed Source/Device	
28. EPA or State Hazardous	37. Partially Filled	

NOTE 3A: Barium Specific Waste Descriptor Codes. (Choose all applicable codes.)

B. Deionized
H. Solid
I. Corrosible
J. Noncorrosible
K. Air Filter/Fiber
L. Aerosols

NOTE 4: Solidification and Stabilization Media Codes. (Choose up to three which predominate by volume.) For media meeting disposal structural stability requirements, the numerical code must be followed by "S" and the media vendor and brand name must also be identified in Item 15. Code 100=NONE REQUIRED.

80. Cement	84. Vinyl Ester Ethers
81. Concrete	88. Other, Describe in Item 15 or additional page
82. Bitumen	
83. Vinyl Chloride	100. None Required

NOTE 3A: Barium Specific Solidification and Stabilization Media Codes. (Choose this code if applicable.)

N. Not Used

FORM 541 (03-09)

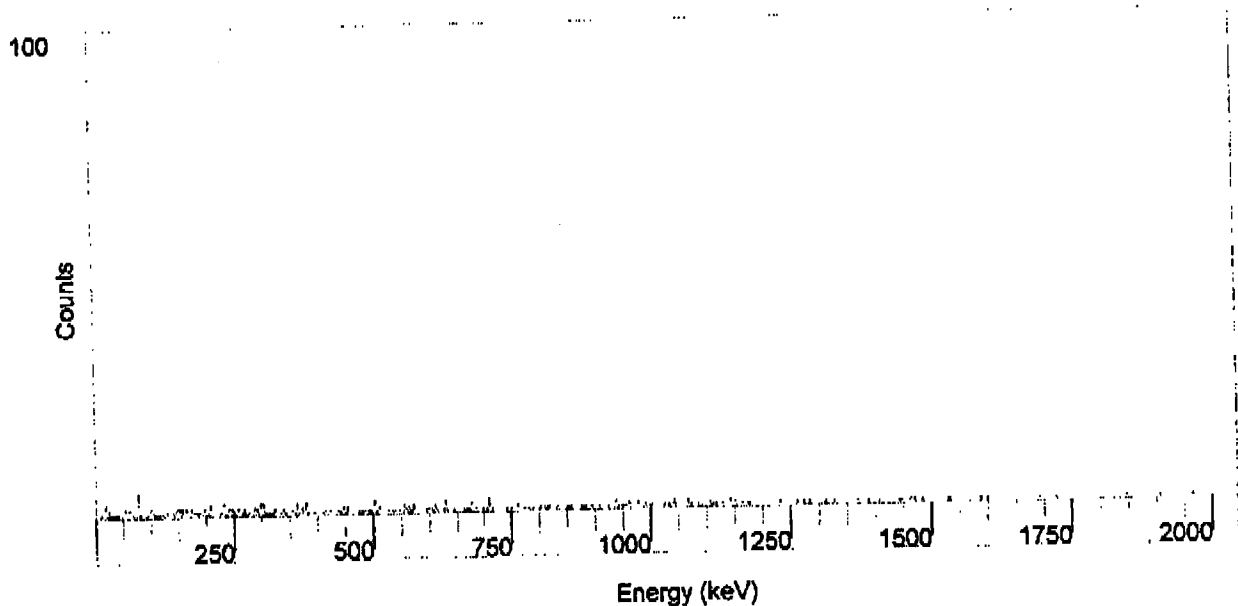
**UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST
ISOTOPES REPORT**

**For Manifest # 15-0040 R
ADCO SERVICES, INC.**

Isotope	Total Activity	
	(MBq)	(mCi)
Cd-153	1.1840E-04	3.2000E-06

CAPTUS 3000 S/N: 901423
Lakeland Health Care-Nuclear Medicine
1234 Napier Ave.
St. Joseph, MI 49085

Wipe Test Analysis



General **Trigger Level: 2000 dpm** **Counted For: 60.0 seconds**

Full Spectrum	Efficiency = 65%	Total Counts:	298.0 cpm
Background :	306.0 cpm	Net Activity:	0.000 dpm
Net Counts :	-8.000 cpm		

Energy (keV)	Net Counts (cpm)	isotope	Activity (dpm)
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<input checked="" type="checkbox"/> Lakeland Medical Center 1234 Napier Avenue St. Joseph, MI 49085-2158	<input type="checkbox"/> Lakeland Hospital, Niles 31 N. St. Joseph Avenue Niles, MI 49120-2287	<input type="checkbox"/> Lakeland Hospital, Watervliet 400 Medical Park Drive Watervliet, MI 49098	<input type="checkbox"/> Lakeland at Meadowbrook 2550 Meadowbrook Road Benton Harbor, MI 49022
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<input type="checkbox"/> Pine Ridge: A Rehabilitation and Nursing Center 4368 Cleveland Avenue Stevensville, MI 49127	<input type="checkbox"/> Center for Outpatient Services 3900 Hollywood Road St. Joseph, MI 49085	<input type="checkbox"/> Other _____
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Fax Cover Sheet

To		From	
Name	NBC	Name	David Sieffert
Location	Region III	Location	Lakeland Medical Center
Phone		Phone	269-985-4593
Fax	630-515-1078	Fax	269-982-4937

Message

ATTN:
materials licensing Branch

Notice

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Transmission

By		Date		Pages (including cover)	8
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